



Parkway Presbyterian Preschool
Medical Release Form
Please fill out in blue or black ink pen.

Child's Full name _____

Mother's Name _____ Father's Name _____

Mother's Cell _____ Father's Cell _____

Mother's Work _____ Father's Work _____

Home Phone _____

Home Address _____

Please list any allergies your child has _____

In the event of illness or accident that requires immediate medical attention and/or treatment at the time when a parent cannot be located, I give permission for Parkway Presbyterian Preschool staff to provide such emergency treatment to the best of their ability and knowledge. I will not hold Parkway Presbyterian Preschool, or Parkway Presbyterian Church, or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact a parent, the child's doctor, and other such persons listed for emergency contact.

My child's physician _____ Phone _____

My child's dentist _____ Phone _____

Emergency Hospital Preference _____

Parent Signature _____ Date _____